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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. 373		Registered No.	
County <i>Maricopa</i>		State <i>Arizona</i>		Registered No.	
District or Township		or Village		or	
City		No.		St. Ward	
2. FULL NAME <i>William E. Tittle</i>		(If death occurred in a hospital or institution, give its NAME instead of street and number).			
(a) Residence, No. <i>400 Arizona</i>		St. Ward		(If non-resident, give city or town and State)	
(Usual place of abode)					
Length of residence in city or town where death occurred <i>10</i> yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR or RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <i>Married</i>			
5a. If married, widowed, or divorced HUSBAND of <i>Charles E. Tittle</i> (or) WIFE of					
6. DATE OF BIRTH (month, day and year)					
7. AGE <i>42</i>	Years	Months	Days	IF LESS than 1 day hrs. or min.	
8. OCCUPATION OF DECEASED <i>AW</i>					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) (State or country)					
10. NAME OF FATHER <i>E. H. Hall</i>					
11. BIRTHPLACE OF FATHER (city or town) (State or country)					
12. MAIDEN NAME OF MOTHER <i>State of Washington</i>					
13. BIRTHPLACE OF MOTHER (city or town) (State or country)					
14. Informant <i>next of kin</i> (Address)					
15. Filed <i>July 18, 1928</i> <i>John S. Wood</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <i>July 9, 1928</i>					
17. I HEREBY CERTIFY That I attended deceased from <i>For several years</i> and that I last saw <i>as</i> alive on <i>July 9, 1928</i> and that death occurred, on the date stated above, at <i>Tulmocracy Tuberculosis</i> The CAUSE OF DEATH* was as follows					
(duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death?					
Did an operation precede death? Date of					
Was there an autopsy?					
What test confirmed diagnosis? (Signed) <i>C. B. Patton</i> M. D. (Address) <i>Phoenix</i>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <i>At 10</i> DATE OF BURIAL <i>July 11, 1928</i>					
20. UNDERTAKER <i>Parker Grimesham and Co</i> ADDRESS <i>Tucson Ariz.</i>					
<i>H. T. Lyons</i> <i>At 10 Ariz</i>					